

Fill in this information to identify the case:

Debtor name Midwest Medical Associates, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) 22-50372-jwc

☒ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:
Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. Total personal property:
Copy line 91A from *Schedule A/B*..... \$ 4,760,707.32

1c. Total of all property:
Copy line 92 from *Schedule A/B*..... \$ 4,760,707.32

[Note: above total does not include value of pending counterclaims of \$30,000,000; see no. 75]

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 3,087,320.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 5,959.06

3b. Total amount of claims of nonpriority amount of unsecured claims:
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 1,514,301.45

4. Total liabilities
Lines 2 + 3a + 3b \$ 4,607,580.51

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. First-Citizens Bank

Business Checking

7243

\$74,240.32

3.2. SunTrust

Business Checking

2521

\$10,000.00

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$84,240.32

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

☒ No. Go to Part 3.

☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☒ Yes Fill in the information below.

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11. Accounts receivable

11b. Over 90 days old: 84,717,384.00 - 81,540,917.00 = ... \$3,176,467.00
face amount doubtful or uncollectible accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$3,176,467.00

(Note: est 2.5%-5% est. collection; range of \$2,117,934 to \$4,235,869; average above)

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Note: See part 11 regarding insurance contracts

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
Computer server	Undetermined	No known market value	Unknown

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.
Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

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45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
<u>midwestmedical.info</u>	<u>Undetermined</u>	<u>No known market value</u>	<u>Unknown</u>
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
<u>No customers after bank actions 4/2021</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$0.00</u>

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☐ No
☒ Yes (Note: Debtor is in possession of records of some individuals for whom Debtor delivered portable compression cuff devices. Billings for these devices are submitted to insurance companies who issue health or medical care coverage.

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

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Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
First-Citizens Bank v. Parker Medical, et. al.
Remove State Court Case
NDGA Bank. AP No 22-05010
- | | |
|------------------|--|
| Nature of claim | 3 Counterclaims alleged jointly by Debtor, Affiliate Parker Medical Holding Company, Inc., and Robert L. Parker Sr |
| Amount requested | <u>\$30,000,000.00</u> |

Undetermined

76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed Examples: Season tickets, country club membership**
15 Insurance Contracts: absent extension assume/reject by deadline. See schedule G.
(Estimated Value)

\$1,500,000.00

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

\$1,500,000.00

(Note: total not including estimated value of 3 jointly alleged counterclaims seeking \$30 million in damages)

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?
- ☒ No
☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1	\$84,240.32	
81. Deposits and prepayments. Copy line 9, Part 2.	\$0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$3,176,467.00	
83. Investments. Copy line 17, Part 4.	\$0.00	
84. Inventory. Copy line 23, Part 5.	\$0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$0.00	
88. Real property. Copy line 56, Part 9.....>		\$0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90. All other assets. Copy line 78, Part 11.	+ \$1,500,000.00	
91. Total. Add lines 80 through 90 for each column	\$4,760,707.32	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$4,760,707.32 (Note: total not including estimated value of 3 jointly alleged counterclaims seeking \$30 million in damages)

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	
\$3,087,320.00	\$3,176,467.00

2.1 **First-Citizens Bank & Trust Co**

Creditor's Name
4300 Six Forks Road
FCC22
Raleigh, NC 27609
Creditor's mailing address

Describe debtor's property that is subject to a lien
Over 90 days old: Accounts receivable - (est. 2.5-5% collectable; range of \$2,117,934 to \$4,235,869

Describe the lien
Promissory Note
Is the creditor an insider or related party?

☒ No
☐ Yes
Is anyone else liable on this claim?
☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

09/18/2018

Last 4 digits of account number

0973

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
Check all that apply
☒ Contingent
☒ Unliquidated
☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,087,320.00
0

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**G. Marshall Kent
Fox Rothchild LLP
999 Peachtree Street, Ste 1500
Atlanta, GA 30309**

Line **2.1**

Debtor	<u>Midwest Medical Associates, Inc.</u>	Case number (if known)	<u>22-50372-jwc</u>
	<small>Name</small>		
	Jeff Shornock, SVP		
	First-Citizens Bank & Trust Co	Line <u>2.1</u>	
	100 East Tryon Road		
	Raleigh, NC 27603		

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Massachusetts Dept. of Revenue PO Box 7090 Boston, MA 02204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,959.06 \$1,961.94
	Date or dates debt was incurred _____ Last 4 digits of account number <u>2691</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Aetna Health Inc. South Region Health Del. Op. 11675 Great Oaks Way, 2nd Flr Alpharetta, GA 30022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Aetna Workers Comp Access LLC 151 Farmington Ave. RT62 Hartford, CT 06156	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor Midwest Medical Associates, Inc.
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3.3	Nonpriority creditor's name and mailing address BCBSGa/Anthem 2221 Edward Holland Dr Mail Drop VA4004-RR11 Richmond, VA 23230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
3.4	Nonpriority creditor's name and mailing address Blue Cross Blue Shield AZ 2480 West Las Palmaritas Dr Phoenix, AZ 85021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
3.5	Nonpriority creditor's name and mailing address Blue Cross Blue Shield LA VP, Network Administration PO BOX 98029 Baton Rouge, LA 70809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
3.6	Nonpriority creditor's name and mailing address Blue Cross Blue Shield MI Provider Enroll/Data Mgmt PO BOX 217 Southfield, MI 48034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
3.7	Nonpriority creditor's name and mailing address Blue Cross Blue Shield SC Individual Health Insurance Ex 1-20 East Alpine Road Columbia, SC 29219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
3.8	Nonpriority creditor's name and mailing address Blue Cross Blue Shield SC 1-20 East Alpine Road Columbia, SC 29219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
3.9	Nonpriority creditor's name and mailing address Blue Cross Blue Shield Texas P.O. Box 833840 Richardson, TX 75083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown

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3.10	Nonpriority creditor's name and mailing address Blue Cross of Idaho 3000 E. Pine Avenue Meridian, ID 83642 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
<hr/>			
3.11	Nonpriority creditor's name and mailing address Blue Cross/Blue Shield TX Blue Essentials Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
<hr/>			
3.12	Nonpriority creditor's name and mailing address Blue Shield of California 6300 Canoga Avenue 7th Floor Woodland Hills, CA 91367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
<hr/>			
3.13	Nonpriority creditor's name and mailing address Brightree LLC 125 Technology Parkway Norcross, GA 30092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Software/billing contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
<hr/>			
3.14	Nonpriority creditor's name and mailing address Carecentrix, Inc. Cheif Legal Officer 20 Church St Hartford, CT 06103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
<hr/>			
3.15	Nonpriority creditor's name and mailing address JBA Portfolio, LLC 720 N. Post Oak Road Suite 500 Houston, TX 77024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$449,500.00
<hr/>			
3.16	Nonpriority creditor's name and mailing address McKesson Medical-Surgical, Inc 9954 Mayland Drive Suite 4000 Virginia, VA 23233 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pending affiliate lawsuit - amount unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$352,480.78

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3.17	Nonpriority creditor's name and mailing address Medline Industries, Inc. 801 Adlai Stevenson Drive Springfield, IL 62703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit against Parent - claimed amount unknown against Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161,371.01
3.18	Nonpriority creditor's name and mailing address Richard L. Parker, Sr. 656 Ellis Oak Avenue Suite 101-103 Charleston, SC 29412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Subordinated loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.19	Nonpriority creditor's name and mailing address The van Halem Group 101 Marietta Stree NW Suite 2460 Atlanta, GA 30303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.20	Nonpriority creditor's name and mailing address Uline 12575 Uline Drive Pleasant Prairie, WI 53158 Date(s) debt was incurred <u>1/2021-3/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,931.55
3.21	Nonpriority creditor's name and mailing address UnitedHealthcare Insurance Co. Attn: CDM/Bankruptcy 185 Asylum St - 03B Hartford, CT 06103 Date(s) debt was incurred ____ Last 4 digits of account number <u>2691</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$504,018.11
3.22	Nonpriority creditor's name and mailing address UnitedHealthcare of GA, Inc. 3720 Da Vinici Court #300 Norcross, GA 30092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
3.23	Nonpriority creditor's name and mailing address Van G. Miller & Asso./HOMELINK Attn: Craig Douglas PO BOX 1860 Waterloo, IA 50704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown

Part 3: List Others to Be Notified About Unsecured Claims

Debtor Midwest Medical Associates, Inc.
Name

Case number (if known) 22-50372-jwc

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Boxer Property Management Corp 720 N. Post Oak Road Suite 500 Houston, TX 77024	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Craig G. Kunkes Robbins Alloy Bellifante 500 14th Street, NW Atlanta, GA 30318	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Medline Industries Inc. Three Lakes Drive Northfield, IL 60093	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Michael Baim, The CKB Firm 30 North LaSalle St. Suite 1520 Chicago, IL 60602	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>5,959.06</u>
5b. +	\$ <u>1,514,301.45</u>
5c.	\$ <u>1,520,260.51</u>

Fill in this information to identify the case:

Debtor name Midwest Medical Associates, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) 22-50372-jwc

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Billing services agreement**

State the term remaining 1/1/2023

List the contract number of any government contract _____

AccQData Network LLC
321 North Lake Blvd
North Palm Beach, FL 33408

2.2. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Agreement**

State the term remaining 07/15/2022 (auto renewal)

List the contract number of any government contract _____

Aetna Health Inc.
South Region Health Del. Op.
11675 Great Oaks Way, 2nd Flr
Alpharetta, GA 30022

2.3. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Agreement**

State the term remaining 2/15/2022 (auto renewal)

List the contract number of any government contract _____

Aetna Workers Comp Access LLC
151 Farmington Ave. RT62
Hartford, CT 06156

2.4. State what the contract or lease is for and the nature of the debtor's interest **Blue Cross Blue Shield Provider Agreement**

State the term remaining Not specified

List the contract number of any government contract _____

BCBSGa/Anthem
2221 Edward Holland Dr
Mail Drop VA4004-RR11
Richmond, VA 23230

Debtor 1 **Midwest Medical Associates, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **22-50372-jwc**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Standard Participation Agreement**

State the term remaining

09/2022 (automatic one year renewals)

List the contract number of any government contract

**Blue Cross Blue Shield AZ
2480 West Las Palmaritas Dr
Phoenix, AZ 85021**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Allied Health Provider Agreement**

State the term remaining

8/18/2022 (automatic one year renewal)

List the contract number of any government contract

**Blue Cross Blue Shield LA
VP, Network Administration
PO BOX 98029
Baton Rouge, LA 70809**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Durable Medical Equipment, Prosthetic and Orthotic Suppliers Participation Agreement**

State the term remaining

Unspecified

List the contract number of any government contract

**Blue Cross Blue Shield MI
Provider Enroll/Data Mgmt
PO BOX 217
Southfield, MI 48034**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Participating Provider DME Supplier Agreement**

State the term remaining

Orthotic and Prosthetic Supplier Agreement Unspecified (continue until terminated)

List the contract number of any government contract

**Blue Cross Blue Shield SC
1-20 East Alpine Road
Columbia, SC 29219**

2.9. State what the contract or lease is for and the nature of the debtor's interest **HIX Preferred Provider Agreement**

State the term remaining

12/31/2022 (automatic one year renewal)

List the contract number of any government contract

**Blue Cross Blue Shield SC
Individual Health Insurance Ex
1-20 East Alpine Road
Columbia, SC 29219**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Provider Agreement for PPO/POS Network Participation**

State the term remaining

Not specified

**Blue Cross Blue Shield Texas
P.O. Box 833840
Richardson, TX 75083**

Debtor 1 **Midwest Medical Associates, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **22-50372-jwc**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.11. State what the contract or lease is for and the nature of the debtor's interest

Facility Contract - Commercial

State the term remaining

11/1/2022 (automatic yearly renewal)

**Blue Cross of Idaho
3000 E. Pine Avenue
Meridian, ID 83642**

List the contract number of any government contract _____

2.12. State what the contract or lease is for and the nature of the debtor's interest

Ancillary Provider Agreement for Blue Essentials Network Participation

State the term remaining

12/1/2028

**Blue Cross/Blue Shield TX
Blue Essentials
P.O. Box 833840
Richardson, TX 75083**

List the contract number of any government contract _____

2.13. State what the contract or lease is for and the nature of the debtor's interest

Provider Agreement - Alternative Care Services/Home Medical Equipment Supplies & Services

State the term remaining

11/6/2022 (automatic one year renewal)

**Blue Shield of California
6300 Canoga Avenue
7th Floor
Woodland Hills, CA 91367**

List the contract number of any government contract _____

2.14. State what the contract or lease is for and the nature of the debtor's interest

Software/billing services

State the term remaining

1/1/2023

**Brightree LLC
125 Technology Parkway
Norcross, GA 30092**

List the contract number of any government contract _____

2.15. State what the contract or lease is for and the nature of the debtor's interest

Provider Agreement

State the term remaining

Unspecified

**Carecentrix, Inc.
Chief Legal Officer
20 Church St
Hartford, CT 06103**

List the contract number of any government contract _____

Debtor 1 **Midwest Medical Associates, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **22-50372-jwc**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.16. State what the contract or lease is for and the nature of the debtor's interest

Ancillary Provider Participation Agreement

State the term remaining

5/1/2022 (automatic renewal 1 year)

List the contract number of any government contract

**UnitedHealthcare of GA, Inc.
3720 Da Vinici Court #300
Norcross, GA 30092**

2.17. State what the contract or lease is for and the nature of the debtor's interest

Homelink Network Provider Agreement for Healthpartners, Inc.

State the term remaining

3/30/2022 (automatic one year renewal)

List the contract number of any government contract

**Van G. Miller & Asso./HOMELINK
Attn: Craig Douglas
PO BOX 1860
Waterloo, IA 50704**

Fill in this information to identify the case:

Debtor name Midwest Medical Associates, Inc.
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA
 Case number (if known) 22-50372-jwc

☐ Check if this is an amended filing

**Official Form 206H
 Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 Midwest Medical DME Enter. LLC	2737 Davis Oaks Place Decatur, GA 30033	First-Citizens Bank & Trust Co	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 Midwest Medical Enter., LLC	2737 Davis Oaks Place Decatur, GA 30033	First-Citizens Bank & Trust Co	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 Parker Medical Holding Co. Inc	2737 Davis Oaks Place Decatur, GA 30033	First-Citizens Bank & Trust Co	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 Richard L. Parker, Sr.	656 Ellis Oak Avenue Suite 101-103 Charleston, SC 29412	First-Citizens Bank & Trust Co	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5 Parker Medical Holding Co. Inc	2737 Davis Oaks Place Decatur, GA 30033	JBA Portfolio, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Midwest Medical Associates, Inc.

Case number (if known) 22-50372-jwc

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.6	Parker Medical Holding Co. Inc	2737 Davis Oaks Place Decatur, GA 30033	Brightree LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Parker Medical Holding Co. Inc	2737 Davis Oaks Place Decatur, GA 30033	AccQData Network LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Fill in this information to identify the case:

Debtor name Midwest Medical Associates, Inc.
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA
 Case number (if known) 22-50372-jwc

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2022 to Filing Date

☒ Operating a business
☐ Other _____

\$60,453.45

For prior year:
From 1/01/2021 to 12/31/2021

☒ Operating a business
Estimated 90% gross parent revenue.
Debtor is a wholly owned subsidiary.
☐ Other See Note below*

\$5,393,700.90*

For year before that:
From 1/01/2020 to 12/31/2020

☒ Operating a business
Estimated 90% gross parent revenue.
Debtor is a wholly owned subsidiary.
☐ Other See Note below*

\$8,303,509.00*

*Note: Debtor is a wholly owned subsidiary of Parker Medical Holding Company, Inc. ("PMHC"). For business purposes and tax purposes, Debtor and PMHC's accountants prepared consolidated financial records and tax returns for PMHC and three of its affiliates including Debtor, such that the gross receipts and/or expenses were historically unallocated among PMHC and Debtor and affiliates. Gross receipts/revenue of Debtor were swept to parent PMHC daily through a bank sweep account program with First-Citizens Bank, such that PMHC's records show unallocated gross revenue that includes Debtor's gross revenue. Debtor estimates that approximately 90% of PMHC's gross revenue are gross receipts of Debtor. The estimated gross revenue is listed in Part 1.1 of Official Form 207.

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Debtor Midwest Medical Associates, Inc.

Case number (if known) 22-50372-jwc

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Chamberlain Hrdlicka 191 Peachtree Street NE 46th Floor Atlanta, GA 30303	11/18/2021	\$56,666.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Unallocated fee payment - defense/counterclaims of Debtor/co-defendants in state court lawsuit</u>
3.2. Chamberlain Hrdlicka 191 Peachtree Street NE 46th Floor Atlanta, GA 30303	12/29/2021	\$7,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Unallocated retainer - defense/counterclaims of Debtor/co-defendants in state court lawsuit</u>
3.3. Chamberlain Hrdlicka 191 Peachtree Street NE 46th Floor Atlanta, GA 30303	1/11/2021	\$55,679.73	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Unallocated fee payment - defense/counterclaims of Debtor/co-defendants in state court lawsuit</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Parker Medical Holding Company 2295 Parklake Drive NE Suite 100 Atlanta, GA 30345 Parent	01/15/2021-0 1/14/2022	\$5,393,700.90	Bank cash management program swept daily to parent Parker Medical Holding Company LOC Account which was a payment to First-Citizens Bank. Amount estimated listed. See answer and note to 1.1 above.

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at

Debtor Midwest Medical Associates, Inc.

Case number (if known) 22-50372-jwc

a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
First-Citizens Bank & Trust Co 4300 Six Forks Road FCC22 Raleigh, NC 27609	Not yet ascertained Last 4 digits of account number: <u>7243</u>		Unknown

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Debtor Midwest Medical Associates, Inc.

Case number (if known) 22-50372-jwc

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Chamberlain Hrdlicka White Williams & Au 191 Peachtree Street, NE 46th Floor Atlanta, GA 30303	Unsecured advance on behalf of Midwest Associates for attorney retainer not yet applied in any amount	1/13/2022	\$30,000.00

Email or website address
jimmy.paul@chamberlainlaw.com

Who made the payment, if not debtor?
Richard L. Parker, Sr.

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 Parker Medical Holding Company 2737 Davis Oaks Way Decatur, GA 30033	Transfers to Parker Medical Holding Company, Inc. ("PMHC") previously answered for 2021. For 2020 transfers under the cash management sweep program are estimated at 90% of gross receipts of PMHC. Bank cash management program swept daily to parent PMHC LOC Account which was a payment to First-Citizens Bank. Amount estimated listed. See answer and note to 1.1 above.	Daily 2020 - Estimated amount listed	\$8,303,509.00

Relationship to debtor
Parent Affiliate

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor Midwest Medical Associates, Inc.

Case number (if known) 22-50372-jwc

☐ Does not apply

Address

Dates of occupancy
From-To

14.1. 2295 Parklake Drive NE
Ste 100
Atlanta, GA 30345

2013-2021

14.2. 2737 Davis Oaks Place
Decatur, GA 30033

2021-present

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor provides

If debtor provides meals
and housing, number of
patients in debtor's care

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained.

Records for individuals for whom Debtor delivered portable
compression devices; billing for devices submitted to insurance
companies who issue health/medical coverage

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and
Address

Last 4 digits of
account number

Type of account or
instrument

Date account was
closed, sold,
moved, or
transferred

Last balance
before closing or
transfer

Debtor Midwest Medical Associates, Inc.

Case number (if known) 22-50372-jwc

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	First-Citizens Bank & Trust Co 4300 Six Forks Road FCC22 Raleigh, NC 27609	XXXX-7243	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other____	First-Citizens Bank attorneys indicate a number of accounts of affiliates have been closed. Request for full access to electronic bank records pending and not yet obtained.	Balance as of 1/31/2021 \$74,240.32

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No.
☐ Yes. Provide details below.

Debtor Midwest Medical Associates, Inc.

Case number (if known) 22-50372-jwc

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. McNair, McLemore, Middlebrooks 389 Mulberry Street Macon, GA 31201	2018-present
26a.2. Richard L. Parker, Sr. 656 Ellis Oak Avenue Suite 101-103 Charleston, SC 29412	2/2021-present
26a.3. Russell Almond (Deceased Former CFO)	Deceased 2/2021
26a.4. Tom Gentry (Interim CFO)	3/2021-10/2021
26a.5. Susan Oldknow Out of Office Accounting 6975 Concord Brook Lane PO BOX 1986 Cumming, GA 30028	3/2021

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Debtor Midwest Medical Associates, Inc.

Case number (if known) 22-50372-jwc

Name and address

Date of service
From-To

26b.1. NorthView Advisors, LLC
12220 Birmingham Hwy
Bldg 30
Alpharetta, GA 30004

03/2020-08/2020
See also 26.a.

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are
unavailable, explain why

26c.1. Debtor Midwest Medical Associates, Inc.

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the
inventory

Date of inventory

The dollar amount and basis (cost, market,
or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Richard L. Parker, Sr.	656 Ellis Oak Avenue Suite 101-103 Charleston, SC 29412	Sole Director/President	
Parker Medical Holding Company		Parent owner	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Greg Minton		Vice President	Until 12/31/2021

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

Debtor Midwest Medical Associates, Inc.

Case number (if known) 22-50372-jwc

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Richard L. Parker, Sr. 656 Ellis Oak Avenue Suite 101-103 Charleston, SC 29412	\$213,333 Salary - paid through professional employer organization ("PEO")	2021	
	Relationship to debtor Sole Director/President			
30.2	Greg Minton	\$115,000 salary - paid through PEO	2021	
	Relationship to debtor Former Vice President/Director			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation

Parker Medical Holding Company, Inc.

Employer identification number of the parent corporation
45-4394615

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

2-8-2022



Signature of individual signing on behalf of the debtor

Richard L. Parker, Sr
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

United States Bankruptcy Court
Northern District of Georgia

In re Midwest Medical Associates, Inc.

Debtor(s)

Case No. 22-50372-jwc

Chapter 11

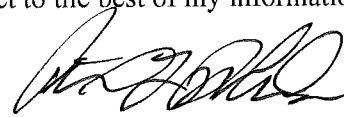
LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Parker Medical Holding Company 2295 Parklake Drive Suite 100 Atlanta, GA 30345	Class A Common	10,000	Voting

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.



Date February 8, 2022

Signature /s/ Richard L. Parker, Sr
Richard L. Parker, Sr

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

LOCAL FORM 5005-7(c)(3)(B)

In re Midwest Medical Associates, Inc.

Debtor(s)

Case No. 22-50372-jwc

**DECLARATION UNDER PENALTY OF PERJURY CONCERNING PETITION, SCHEDULES,
SUMMARY OF SCHEDULES, AND STATEMENTS OF FINANCIAL AFFAIRS**

Each of the undersigned declares under penalty of perjury -

(1) My attorney is filing on my behalf

☒ the original of or ☐ the amendment to
[check applicable box]

the following papers in the United States Bankruptcy Court for the Northern District of Georgia (check applicable box for papers that are to be filed simultaneously with this Declaration);

<input type="checkbox"/> *Petition	<input checked="" type="checkbox"/> Schedule F
<input type="checkbox"/> List of all Creditors	<input checked="" type="checkbox"/> Schedule G
<input type="checkbox"/> *List of 20 largest creditors	<input type="checkbox"/> Schedule H
<input checked="" type="checkbox"/> Schedule A	<input type="checkbox"/> Schedule I
<input checked="" type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule J
<input type="checkbox"/> Schedule C	<input checked="" type="checkbox"/> *Declaration Concerning Debtor's Schedules
<input checked="" type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> *Statement of Financial Affairs
<input checked="" type="checkbox"/> Schedule E	


(2) that I have read each of the documents described above;

(3) that with respect to each document described above marked with an asterisk, I signed the Declaration under penalty of perjury attached to or part of such document; and

(4) that when I signed this Declaration, the foregoing documents were not blank or partially complete; and

(5) that the information provided in the above documents is true and correct to the best of my knowledge, information and belief.

Date February 8, 2022

Signature 
/s/ Richard L. Parker, Sr
Richard L. Parker, Sr
President

Attorney's Certification

The undersigned attorney for the above Debtor(s) certifies to the Court that: (1) the Debtor(s) (or, if the Debtor is an entity, an authorized agent of the Debtor) will have signed this form and the documents referred to above before I file them; (2) no material change was made in the documents referred to above after the Debtor(s) (or authorized agent) read and signed the final paper copy of those documents, including Declarations attached to those documents and the foregoing Declaration; and (3) those documents are the documents filed with the court simultaneously with this Certification.

Date: February 8, 2022

/s/ Jimmy L. Paul
Signature of Attorney
Jimmy L. Paul 567600 GA

LOCAL FORM 5005-7(c)(3)(B)

In re Midwest Medical Associates, Inc.

Debtor(s)

Case No. 22-50372-jwc

**DECLARATION UNDER PENALTY OF PERJURY CONCERNING PETITION, SCHEDULES,
SUMMARY OF SCHEDULES, AND STATEMENTS OF FINANCIAL AFFAIRS**

Each of the undersigned declares under penalty of perjury -

(1) My attorney is filing on my behalf

☐ the original of or ☒ the amendment to
[check applicable box]

the following papers in the United States Bankruptcy Court for the Northern District of Georgia (check applicable box for papers that are to be filed simultaneously with this Declaration);

<input type="checkbox"/> *Petition	<input type="checkbox"/> Schedule F
<input checked="" type="checkbox"/> List of all Creditors	<input type="checkbox"/> Schedule G
<input checked="" type="checkbox"/> *List of 20 largest creditors	<input type="checkbox"/> Schedule H
<input type="checkbox"/> Schedule A	<input type="checkbox"/> Schedule I
<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule J
<input type="checkbox"/> Schedule C	<input type="checkbox"/> *Declaration Concerning Debtor's Schedules
<input type="checkbox"/> Schedule D	<input type="checkbox"/> *Statement of Financial Affairs
<input type="checkbox"/> Schedule E	

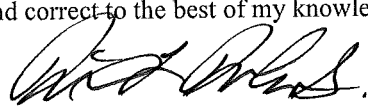
(2) that I have read each of the documents described above;

(3) that with respect to each document described above marked with an asterisk, I signed the Declaration under penalty of perjury attached to or part of such document; and

(4) that when I signed this Declaration, the foregoing documents were not blank or partially complete; and

(5) that the information provided in the above documents is true and correct to the best of my knowledge, information and belief.

Date February 8, 2022

Signature 
/s/ Richard L. Parker, Sr
Richard L. Parker, Sr
President

Attorney's Certification

The undersigned attorney for the above Debtor(s) certifies to the Court that: (1) the Debtor(s) (or, if the Debtor is an entity, an authorized agent of the Debtor) will have signed this form and the documents referred to above before I file them; (2) no material change was made in the documents referred to above after the Debtor(s) (or authorized agent) read and signed the final paper copy of those documents, including Declarations attached to those documents and the foregoing Declaration; and (3) those documents are the documents filed with the court simultaneously with this Certification.

Date: February 8, 2022

/s/ Jimmy L. Paul
Signature of Attorney
Jimmy L. Paul 567600 GA

United States Bankruptcy Court
Northern District of Georgia

In re Midwest Medical Associates, Inc.,

Debtor

Case No. 22-50372-jwc

Chapter 11

Numbered Listing of Creditors - AMENDED

Creditor name and mailing address	Category of Claim	Amount of Claim
1. Aetna Health Inc. South Region Health Del. Op. 11675 Great Oaks Way, 2nd Flr Alpharetta, GA 30022	Unsecured claims Unliquidated Disputed	Unknown
2. Aetna Workers Comp Access LLC 151 Farmington Ave. RT62 Hartford, CT 06156	Unsecured claims Unliquidated Disputed	Unknown
3. BCBSGa/Anthem 2221 Edward Holland Dr Mail Drop VA4004-RR11 Richmond, VA 23230	Unsecured claims Unliquidated Disputed	Unknown
4. Blue Cross Blue Shield AZ 2480 West Las Palmaritas Dr Phoenix, AZ 85021	Unsecured claims Unliquidated Disputed	Unknown
5. Blue Cross Blue Shield LA VP, Network Administration PO BOX 98029 Baton Rouge, LA 70809	Unsecured claims Unliquidated Disputed	Unknown
6. Blue Cross Blue Shield MI Provider Enroll/Data Mgmt PO BOX 217 Southfield, MI 48034	Unsecured claims Unliquidated Disputed	Unknown
7. Blue Cross Blue Shield SC Individual Health Insurance Ex 1-20 East Alpine Road Columbia, SC 29219	Unsecured claims Unliquidated Disputed	Unknown
8. Blue Cross Blue Shield SC 1-20 East Alpine Road Columbia, SC 29219	Unsecured claims Unliquidated Disputed	Unknown
9. Blue Cross Blue Shield Texas P.O. Box 833840 Richardson, TX 75083	Unsecured claims Unliquidated Disputed	Unknown
10. Blue Cross of Idaho 3000 E. Pine Avenue Meridian, ID 83642	Unsecured claims Unliquidated Disputed	Unknown
11. Blue Cross/Blue Shield TX Blue Essentials	Unsecured claims Unliquidated Disputed	Unknown

In re Midwest Medical Associates, Inc.

Case No. 22-50372-jwc

Debtor

Numbered Listing of Creditors - AMENDED
(Continuation Sheet)

Creditor name and mailing address	Category of Claim	Amount of Claim
12. Blue Shield of California 6300 Canoga Avenue 7th Floor Woodland Hills, CA 91367	Unsecured claims Unliquidated Disputed	Unknown
13. Brighttree LLC 125 Technology Parkway Norcross, GA 30092	Unsecured claims Unliquidated	5,000.00
14. Carecentrix, Inc. Cheif Legal Officer 20 Church St Hartford, CT 06103	Unsecured claims Unliquidated Disputed	Unknown
15. First-Citizens Bank & Trust Co 4300 Six Forks Road FCC22 Raleigh, NC 27609	Secured claims Contingent Unliquidated Disputed	3,087,320.00
16. JBA Portfolio, LLC 720 N. Post Oak Road Suite 500 Houston, TX 77024	Unsecured claims Unliquidated Disputed	449,500.00
17. Massachusetts Dept. of Revenue PO Box 7090 Boston, MA 02204	Priority claims Disputed	5,959.06
18. McKesson Medical-Surgical, Inc 9954 Mayland Drive Suite 4000 Virginia, VA 23233	Unsecured claims Disputed	352,480.78
19. Medline Industries, Inc. 801 Adlai Stevenson Drive Springfield, IL 62703	Unsecured claims Disputed	161,371.01
20. Richard L. Parker, Sr. 656 Ellis Oak Avenue Suite 101-103 Charleston, SC 29412	Unsecured claims	30,000.00
21. The van Halem Group 101 Marietta Stree NW Suite 2460 Atlanta, GA 30303	Unsecured claims Unliquidated	10,000.00
22. Uline 12575 Uline Drive Pleasant Prairie, WI 53158	Unsecured claims	1,931.55

In re Midwest Medical Associates, Inc.

Case No. 22-50372-jwc

Debtor

Numbered Listing of Creditors - AMENDED
(Continuation Sheet)

Creditor name and mailing address	Category of Claim	Amount of Claim
23. UnitedHealthcare Insurance Co. Attn: CDM/Bankruptcy 185 Asylum St - 03B Hartford, CT 06103	Unsecured claims Unliquidated Disputed	504,018.11
24. UnitedHealthcare of GA, Inc. 3720 Da Vinici Court #300 Norcross, GA 30092	Unsecured claims Unliquidated Disputed	Unknown
25. Van G. Miller & Asso./HOMELINK Attn: Craig Douglas PO BOX 1860 Waterloo, IA 50704	Unsecured claims Unliquidated Disputed	Unknown

DECLARATION

I, Richard L. Parker, Sr, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing Numbered Listing of Creditors and that it is true and correct to the best of my information and belief.



Date February 8, 2022

Signature /s/ Richard L. Parker, Sr

Richard L. Parker, Sr
President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C §§ 152 and 3571.

Fill in this information to identify the case:

Debtor name Midwest Medical Associates, Inc.
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF
GEORGIA
 Case number (if known): 22-50372-jwc

☐ Check if this is an
 amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Aetna Health Inc. South Region Health Del. Op. 11675 Great Oaks Way, 2nd Flr Alpharetta, GA 30022		Contract	Unliquidated Disputed Subject to Setoff			\$0.00
Aetna Workers Comp Access LLC 151 Farmington Ave. RT62 Hartford, CT 06156		Contract	Unliquidated Disputed Subject to Setoff			\$0.00
BCBSGa/Anthem 2221 Edward Holland Dr Mail Drop VA4004-RR11 Richmond, VA 23230		Contract	Unliquidated Disputed Subject to Setoff			\$0.00
Blue Cross Blue Shield AZ 2480 West Las Palmaritas Dr Phoenix, AZ 85021		Contract	Unliquidated Disputed Subject to Setoff			\$0.00
Blue Cross Blue Shield LA VP, Network Administration PO BOX 98029 Baton Rouge, LA 70809		Contract	Unliquidated Disputed Subject to Setoff			\$0.00
Blue Cross Blue Shield MI Provider Enroll/Data Mgmt PO BOX 217 Southfield, MI 48034		Contract	Unliquidated Disputed Subject to Setoff			\$0.00

Debtor Midwest Medical Associates, Inc.
Name

Case number (if known) 22-50372-jwc

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Blue Cross Blue Shield SC Individual Health Insurance Ex 1-20 East Alpine Road Columbia, SC 29219		Contract	Unliquidated Disputed Subject to Setoff			\$0.00
Blue Cross Blue Shield SC 1-20 East Alpine Road Columbia, SC 29219		Contract	Unliquidated Disputed Subject to Setoff			\$0.00
Blue Cross Blue Shield Texas P.O. Box 833840 Richardson, TX 75083		Contract	Unliquidated Disputed Subject to Setoff			\$0.00
Blue Cross of Idaho 3000 E. Pine Avenue Meridian, ID 83642		Contract	Unliquidated Disputed Subject to Setoff			\$0.00
Blue Cross/Blue Shield TX Blue Essentials		Contract	Unliquidated Disputed Subject to Setoff			\$0.00
Blue Shield of California 6300 Canoga Avenue 7th Floor Woodland Hills, CA 91367		Contract	Unliquidated Disputed Subject to Setoff			\$0.00
Brightree LLC 125 Technology Parkway Norcross, GA 30092	Brightree LLC	Billing management contract	Unliquidated			\$5,000.00
JBA Portfolio, LLC 720 N. Post Oak Road Suite 500 Houston, TX 77024	JBA Portfolio, LLC	Disputed lease claim	Unliquidated Disputed			\$449,500.00
Massachusetts Dept. of Revenue PO Box 7090 Boston, MA 02204			Disputed			\$5,959.06
McKesson Medical-Surgical, Inc 9954 Mayland Drive Suite 4000 Virginia, VA 23233	McKesson Medical-Surgical, Inc	Pending affiliate lawsuit - amount unknown	Disputed			\$352,480.78

Debtor Midwest Medical Associates, Inc.
Name

Case number (if known) 22-50372-jwc

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Medline Industries, Inc. 801 Adlai Stevenson Drive Springfield, IL 62703		Affiliate lawsuit - claimed amount unknown	Disputed			\$161,371.01
The van Halem Group 101 Marietta Stree NW Suite 2460 Atlanta, GA 30303	The van Halem Group	Professional services	Unliquidated			\$10,000.00
Uline 12575 Uline Drive Pleasant Prairie, WI 53158		Goods				\$1,931.55
UnitedHealthcare Insurance Co. Attn: CDM/Bankruptcy 185 Asylum St - 03B Hartford, CT 06103		Contract	Unliquidated Disputed Subject to Setoff			\$504,018.11

**United States Bankruptcy Court
Northern District of Georgia**

In re Midwest Medical Associates, Inc.

Debtor(s)

Case No. 22-50372-jwc

Chapter 11

VERIFICATION OF CREDITOR MATRIX - AMENDED

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.



Date: February 8, 2022

/s/ Richard L. Parker, Sr

Richard L. Parker, Sr/President
Signer/Title

AccQData Network LLC
321 North Lake Blvd
North Palm Beach, FL 33408

Aetna Health Inc.
South Region Health Del. Op.
11675 Great Oaks Way, 2nd Flr
Alpharetta, GA 30022

Aetna Workers Comp Access LLC
151 Farmington Ave. RT62
Hartford, CT 06156

BCBSGa/Anthem
2221 Edward Holland Dr
Mail Drop VA4004-RR11
Richmond, VA 23230

Blue Cross Blue Shield AZ
2480 West Las Palmaritas Dr
Phoenix, AZ 85021

Blue Cross Blue Shield LA
VP, Network Administration
PO BOX 98029
Baton Rouge, LA 70809

Blue Cross Blue Shield MI
Provider Enroll/Data Mgmt
PO BOX 217
Southfield, MI 48034

Blue Cross Blue Shield SC
Individual Health Insurance Ex
1-20 East Alpine Road
Columbia, SC 29219

Blue Cross Blue Shield SC
1-20 East Alpine Road
Columbia, SC 29219

Blue Cross Blue Shield Texas
P.O. Box 833840
Richardson, TX 75083

Blue Cross of Idaho
3000 E. Pine Avenue
Meridian, ID 83642

Blue Cross/Blue Shield TX
Blue Essentials
P.O. Box 833840
Richardson, TX 75083

Blue Shield of California
6300 Canoga Avenue
7th Floor
Woodland Hills, CA 91367

Boxer Property Management Corp
720 N. Post Oak Road
Suite 500
Houston, TX 77024

Brightree LLC
125 Technology Parkway
Norcross, GA 30092

Carecentrix, Inc.
Cheif Legal Officer
20 Church St
Hartford, CT 06103

Craig G. Kunkes
Robbins Alloy Bellifante
500 14th Street, NW
Atlanta, GA 30318

First-Citizens Bank & Trust Co
4300 Six Forks Road
FCC22
Raleigh, NC 27609

G. Marshall Kent
Fox Rothchild LLP
999 Peachtree Street, Ste 1500
Atlanta, GA 30309

JBA Portfolio, LLC
720 N. Post Oak Road
Suite 500
Houston, TX 77024

Jeff Shornock, SVP
First-Citizens Bank & Trust Co
100 East Tryon Road
Raleigh, NC 27603

Massachusetts Dept. of Revenue
PO Box 7090
Boston, MA 02204

McKesson Medical-Surgical, Inc
9954 Mayland Drive
Suite 4000
Virginia, VA 23233

Medline Industries Inc.
Three Lakes Drive
Northfield, IL 60093

Medline Industries, Inc.
801 Adlai Stevenson Drive
Springfield, IL 62703

Michael Baim, The CKB Firm
30 North LaSalle St.
Suite 1520
Chicago, IL 60602

Midwest Medical DME Enter. LLC
2737 Davis Oaks Place
Decatur, GA 30033

Midwest Medical Enter., LLC
2737 Davis Oaks Place
Decatur, GA 30033

Parker Medical Holding Co. Inc
2737 Davis Oaks Place
Decatur, GA 30033

Richard L. Parker, Sr.
656 Ellis Oak Avenue
Suite 101-103
Charleston, SC 29412

The van Halem Group
101 Marietta Stree NW
Suite 2460
Atlanta, GA 30303

Uline
12575 Uline Drive
Pleasant Prairie, WI 53158

UnitedHealthcare Insurance Co.
Attn: CDM/Bankrruptcy
185 Asylum St - 03B
Hartford, CT 06103

UnitedHealthcare of GA, Inc.
3720 Da Vinici Court #300
Norcross, GA 30092

Van G. Miller & Asso./HOMELINK
Attn: Craig Douglas
PO BOX 1860
Waterloo, IA 50704